OMB Number: 2030-0020 Expiration Date: 04/30/2021

EPA KEY CONTACTS FORM

Authorized Representative: Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

Name: P	refix:	First Name: Wayne			Middle Name:					
La	ast Name:	Nastri			Suffix:					
Title:	xecutive	Officer								
Complete Address:										
Street1:	21865	Copley Drive								
Street2:	Street2:									
City:	Diamo	nd Bar	State:	CA: California						
Zip / Pos	stal Code:	91765-4178	Country:	USA: UNITED STAT	TES					
Phone Nu	mber:	909-396-2100		Fax Number:						
E-mail Add	<u>dress:</u>	wnastri@aqmd.gov								
Payee: Individual authorized to accept payments.										
Name: P	refix:	First Name: Sujata			Middle Name:					
La	ast Name:	Jain			Suffix:					
Title: Chief Financial Officer										
Complete Address:										
Street1: 21865 Copley Drive										
Street2:										
City:	Diamo	nd Bar	State:	CA: California						
Zip / Postal Code: 91765-4178		Country:	Country: USA: UNITED STATES							
Phone Number:		909-396-2804		Fax Number:						
E-mail Address: sjain@aqmd.gov										
Administrative Contact: Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).										
Name: P	refix:	First Name: Karen			Middle Name:					
L	ast Name:	Sandoval			Suffix:					
Title: Financial Analyst										
Complete	Address	<u>:</u>								
Street1: 21865 Copley Drive										
Street2:										
City:		nd Bar	State:	CA: California						
		91765-4178	Country:	USA: UNITED STAT	ES					
Phone Number:		909-396-3108		Fax Number:						
E-mail Address:		ksandoval@aqmd.gov								

EPA Form 5700-54 (Rev 4-02)

EPA KEY CONTACTS FORM

Project Manager: Individual responsible for the technical completion of the proposed work.

Name:	Prefix: Dr.	First Name:	Seungbum		Middle Name:				
	Last Name:	На			Suffix:				
Title:	Program S	upervisor							
Complete Address:									
Street1: 21865 Copley Drive									
Stree	t2:								
City: Diamond		nd Bar	State:	CA: California					
Zip / Postal Code:		91765-4178	Coun	try: USA: UNITED STAT	ES				
Phone Number:		909-396-3146		Fax Number:					
E-mail Address:		sha@aqmd.gov							

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